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California Legislature



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March 15, 1978

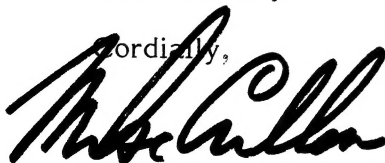
Letter Report 722.2

Honorable Paul B. Carpenter
Member, California Legislature
Room 4089, State Capitol
Sacramento, California 95814

Dear Senator Carpenter:

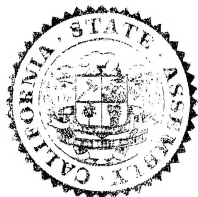
Your Joint Legislative Audit Committee respectfully forwards the Auditor General's letter report on the licensing and certification procedures for hospitals in California.

The auditors are Harold L. Turner, Audit Manager; Robert J. Maloney and David B. Tacy.

Sincerely,


MIKE CULLEN
Chairman

cc: Speaker of the Assembly
President pro Tempore of the Senate
Members of the Joint Legislative Audit Committee



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March 10, 1978

Letter Report 722.2

Honorable Mike Cullen
Chairman, and Members of the
Joint Legislative Audit Committee
Room 5144, State Capitol
Sacramento, California 95814

Dear Mr. Chairman and Members:

In response to a resolution of the Joint Legislative Audit Committee, resulting from Senate Concurrent Resolution 11 of 1977 (SCR #11), we have surveyed the Department of Health's procedures for inspecting hospitals licensed in California. We address two specific questions asked by the author of SCR 11:

1. What are the State's procedures for inspecting hospitals?
2. What waivers are being extended to hospitals?

This is an informational report, and as such we make no recommendations.

What Are the State's Procedures for Inspecting Hospitals?

The Health and Safety Code requires the Department of Health to inspect each of the State's 633 licensed hospitals at least once every two years to assure compliance with licensing standards embodied in Title 22 of the California Administrative Code. The standards for "Acute Care Facilities" encompass the staffing, supplies, facilities and administrative policies for each hospital.

To ascertain the scope of licensing and inspection activities, we consulted staff of the Licensing and Certification Division of the Department of Health, the California Medical Association and the U.S. Department of Health, Education, and Welfare. The following agencies participate in the hospital inspections and prepare reports of their inspections, citing deficiencies to be corrected:

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- Department of Health's Licensing and Certification Division (LCD)
- Joint Commission on Accreditation of Hospitals (JCAH)
- California Medical Association (CMA)
- U.S. Department of Health, Education, and Welfare (HEW)
- Los Angeles County Health Services Department.

Under Health and Safety Code, Section 1282, the Department of Health is permitted to contract with private organizations to conduct inspections on behalf of or in conjunction with the State. The Department contracts with JCAH and CMA to make annual or biennial inspections of almost 93 percent of California's licensed acute care hospitals.

Inspection Responsibilities

Each of the above agencies has specific responsibilities relating to the inspection of hospitals in the State. These responsibilities and the inspection costs are described below.

Joint Commission on Accreditation of Hospitals--A private, national hospital accreditation organization that inspects hospitals and issues accreditation for facilities in compliance with JCAH accreditation standards (Appendix A). JCAH charges hospitals a fee of \$1,000 per day for the accreditation inspection. Inspections normally take between one to three days per facility.

California Medical Association--An association of California physicians which assists JCAH in coordinating and performing its accreditation inspections. CMA charges hospitals a fee of \$750 per accreditation inspection.

State Department of Health, Licensing and Certification Division--The state agency responsible for the licensing and inspection of all hospitals in the State. The Department has budgeted approximately \$1.9 million to inspect hospitals in fiscal year 1977-78. Department of Health surveyors are distributed among nine offices and three sub-offices.

The U.S. Department of Health, Education, and Welfare--The federal agency which oversees hospitals' qualifications for Medicare and Medicaid funding.

The Los Angeles County Department of Health Services--The agency that fulfills the licensing and inspection requirements for the State in Los Angeles County.

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Inspection Processes--
The Quality of Patient Care

Three types of inspections of acute care facilities are conducted. These are: 1) the CALS survey (Consolidated Accreditation and Licensure Survey), 2) the Department of Health inspection of unaccredited hospitals, and 3) the U.S. Department of HEW validation survey. Each inspection is conducted under the following procedures.

CALS Survey--Since 1975, the Department has contracted with JCAH and CMA to participate in joint CALS surveys for inspecting most of the 633 licensed hospitals in California. CALS surveys are conducted by teams of JCAH, CMA and department representatives whose specific inspection responsibilities are as follows:

<u>Team Member</u>	<u>Inspection Area</u>
Department of Health-- generalist or nurse*	Physical Plant and Record-Keeping
JCAH--1 physician, 1 nurse	Medical Delivery Systems
CMA--2 or more physicians	Medical Delivery Systems

Hospitals are notified at least three months in advance of CALS survey inspections. Individual surveys last from one to three days according to the facility's bed capacity.

Each member of the inspection team fills out a portion of a uniform checklist. This checklist covers both Title 22 and JCAH accreditation standards and addresses the quality of care that patients receive in acute care facilities. Appendix A lists the survey areas covered by the checklist and provides a sample of the forms used.

At the conclusion of each survey, the CMA and JCAH physician surveyors attend a pre-exit conference with representatives of the hospital's medical staff. The purpose of this conference is to discuss sensitive medical findings in a confidential setting. The Health Facilities Representative on the team is notified of all Title 22 medical staff deficiencies either prior to or immediately after the physician's summation conference. A final exit conference is held with the hospital administration. Even this final exit meeting is informal and the accreditation recommendation tentative. The final accreditation decision is made by JCAH at its headquarters in Chicago.

* Civil service class "Health Facility Representative" or "Health Facility Representative Nurse," respectively.

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Each team member forwards his/her portion of the uniform checklist to CMA, which separates those pages covering Title 22 standards from the pages involving JCAH standards. The Title 22 checklists are sent to the department surveyor, who prepares, usually within one or two months, a formal report noting all deficiencies. The report is then transmitted to the hospital. The hospital must submit to the Department a formal plan of correction based upon a timetable agreed upon by both parties.

The Department's representative conducts an unannounced follow-up visit soon after the CALS survey to monitor the hospital's progress in correcting any deficiencies. The Department's generalist must review the correction of all Title 22 deficiencies including those noted by JCAH and CMA physicians and nurses. The Department's representative is limited from pursuing some of the physicians' and nurses' findings because there are no documentation standards. CMA staff indicate that documentation standards are being developed.

JCAH and CMA determine whether and for how long (one or two years) to accredit a hospital, based on JCAH and CMA standards. Loss of accreditation may result in license revocation; however, such action is infrequent and no state hospital has ever lost a license to operate.

Inspection of Unaccredited Hospitals--The Department conducts its own five-day inspection of each of the 42 unaccredited hospitals in the State. These unaccredited hospitals are generally small, rural facilities. Each inspection team may be composed of up to five evaluators: a physician, a nurse, a generalist and two therapists. The same follow-up procedure is used as in the CALS surveys to monitor compliance with noted deficiencies. Appendix B lists the subject areas addressed in these surveys and provides examples of the forms used.

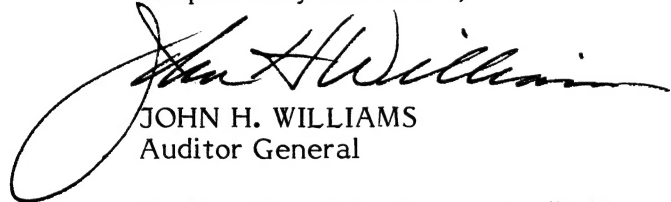
HEW Validation Surveys--HEW relies on both the CALS surveys and the Department's inspections of unaccredited hospitals to assure compliance with federal standards for Medicare funding. Each year, HEW requests the Department to send an inspection team (like the ones which inspect unaccredited hospitals) to validate a sample of completed CALS surveys. HEW performs a similar validation survey for unaccredited hospitals. These validation surveys are usually of the same duration as the original inspection. In addition, HEW may request such a validation on the basis of citizen complaint or a Department of Health recommendation. All validation surveys use HEW's Medicare checklists, which cover less specific requirements than those in Title 22.

Honorable Mike Cullen
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What Type of Waivers Can
Be Extended to Hospitals?

The Department states it is prevented by law from waiving regulations regarding deficiencies in acute care facilities. The Department, however, uses two procedures which in effect waive selected Title 22 violations. One procedure they employ, called program flexibility, permits some remote hospitals to continue operation despite the unavailability of medical specialists. Another procedure grants exceptionally long correction periods. The Department is permitting some hospitals to operate with up to five-year waivers of major physical plant deficiencies. Department officials stated that "long range plans of correction are indicated by the Federal Health, Education, and Welfare regulations for facilities coming into conformance with regulations specific to the Intermediate Care Facility/Mentally Retarded (ICF-MR) program. The State Hospitals currently are the only general acute care hospitals involved in this program."

Respectfully submitted,



JOHN H. WILLIAMS
Auditor General

Staff: Harold L. Turner, Audit Manager
Robert J. Maloney
David B. Tacy

Attachments:

WRITTEN RESPONSE TO THE AUDITOR GENERAL'S REPORT

Deputy Director, Licensing and Certification Division
Department of Health

APPENDIX A--CALS Survey Materials

APPENDIX B--Survey Materials for Evaluating
Unaccredited Hospitals

DEPARTMENT OF HEALTH

714 P STREET
SACRAMENTO, CALIFORNIA 95814



March 9, 1978

(916) 445-2070

Mr. John H. Williams
Auditor General
Joint Legislative Audit Committee
925 L Street, Suite 750
Sacramento, Ca 95814

Dear Mr. Williams:

The following are comments on the draft copy of Letter Report 772.2 regarding the procedures used in the inspection of general acute care hospitals in California.

Page 3, there is a reference to the time at which the Health Facilities Representative learns of the licensing deficiencies concerning the medical staff. The Health Facilities Representative on the team is notified of all Title 22 medical staff deficiencies either prior to or immediately after the physician's summation conference by the California Medical Association, not at the general summation or final exit meeting. *

Page 4, paragraph 1 indicates that "the hospital will submit to the Department, within ten days, a formal plan of correction based upon a timetable agreed upon by both parties". At the time of the plan of correction visit by the state representative, the plans of correction are developed and timetables are established. The ten-day time period for acceptable plans of correction is only applicable when surveying the conditions for participation under Title 18 and 19. *

Paragraph 3 indicates that a "loss of accreditation may result in license revocation". The accreditation status of a hospital may not be directly related to license revocation. These are separate and identifiable processes. If a facility has licensing deficiencies that affect the health and safety of the patients, the Department could initiate proceedings leading to the revocation or temporary suspension of the license. At the time a license is revoked, the accreditation by the JCAH is automatically cancelled for that facility. The determination of a non-accreditation status by the Joint Commission does not automatically result in revocation of a license.

The inspection teams for the non-accredited general acute care hospitals are not always composed of the five identified evaluators. Depending upon the size of the facility, the inspection team is generally composed of a nurse evaluator, a generalist evaluator and a physician. *

*Wording changed or amplified in final report.

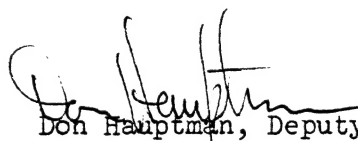
March 9, 1978

Page 5, line 4 indicates a procedure, "called program flexibility, permits some remote hospitals to continue operation, etc." Program flexibility as outlined in Title 22, California Administrative Code, Division 5, Chapter 1, Section 70129 allows any facility to request "the use of alternate concepts, methods, procedures, techniques, equipment, personnel qualification or the conducting of pilot projects, provided such exceptions are carried out with provisions for safe and adequate care and with the prior written approval of the Department". This Section applies to all licensed general acute care hospitals not just those specifically designated as remote or rural. Other health facility regulations contain similar program flexibility provisions.

The last line in this report indicates, "the Department is permitting some hospitals to operate with five to seven-year waivers of major physical plant deficiencies". This should indicate that long range plans of correction are indicated by the Federal Health, Education, and Welfare regulations for facilities coming into conformance with regulations specific to the Intermediate Care Facility/Mentally Retarded (ICF-MR) program. The State Hospitals currently are the only general acute care hospitals involved in this program.*

Thank you for the opportunity to review this draft report and to submit these comments to your office.

Sincerely,



Don Hauptman, Deputy Director
Licensing and Certification Division

*Wording changed or amplified in final report.

APPENDIX ACALS SURVEY MATERIALS

The following table describes the specific hospital functions surveyed by the respective CALS surveyors:

<u>Surveyors</u>	<u>Survey Area</u>
CMA Physician-Surveyors	Basic Services/Functions Medical Staff Medical Audit Medical Service Surgical Service Supplemental Services Acute Respiratory Care Burn Center Cardiovascular Surgery Service Chronic Dialysis Service Coronary Care Unit-- IntensiveCare Unit Intensive Care Newborn Respiratory Care Service Pediatric Service Perinatal Unit Renal Transplant Center
Department of Health Generalist (Health Facilities Representative)	Basic Services/Functions Dietary Services Governing Body and Administration Physical Environment Supplemental Services Acute Respiratory Care Burn Center Chronic Dialysis Coronary Care Unit-- Intensive Care Unit Intensive Care Newborn
JCAH Physician	Basic Services/Functions Anesthesia Service Clinical Laboratory Infection Control Medical Records Radiology Supplemental Services Dental Service Emergency Medical Service Nuclear Medicine Service Outpatient Service Podiatry Service Psychiatric Service Radiation Therapy Service

JCAH Nurse

Basic Services/Functions
Governing Body and Administration
Nursing Service
Pharmaceutical Service

Supplemental Services
Hospital-Based Home Health Programs
Occupational Therapy
Physical Therapy
Rehabilitation Center
Social Services
Speech Pathology/Audiology

The following sample CALS survey checklists are examples of those used by surveyors to evaluate compliance with state licensing standards (e.g. "DOH 70203" in the first item in the "Medical Service" checklist). Each surveyor is to check yes (Y), no (N), or not applicable (NA) beside each standard.

SERVICE - MEDICAL SERVICE

DEPARTMENT OF HEALTH - TITLE 22 REGULATIONS

EVALUATED BY:

SURVEYOR: CMA M.D.

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
1. The responsibility and accountability of the medical service to the medical staff and administration is defined. DOH 70203				
2. A committee of the medical staff shall be assigned responsibility for developing, maintaining and implementing written policies and procedures in consultation with other appropriate health professionals and administration. DOH 70203				
3. Policies shall be approved by the governing body. DOH 70203				
4. Procedures shall be approved by the administration and medical staff where such is appropriate. DOH 70203				
5. The following shall be available to all patients in the hospital: electrocardiographic testing, pulmonary function testing, intermittent positive pressure breathing apparatus, cardiac monitoring capability, and suction. DOH 70203				
6. A physician shall have overall responsibility for the medical service. DOH 70205				
7. This physician shall be certified or eligible for certification in internal medicine by the American Board of Internal Medicine. DOH 70205				
8. If such an internist is not available, a physician with training and experience in internal medicine shall be responsible for the service. DOH 70205				

SERVICE - MEDICAL SERVICE

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SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
9. A committee of the medical staff shall be assigned responsibility for recommending to the governing body the delineation of medical privileges. DOH 70203				
10. A committee of the medical staff shall be assigned responsibility for developing and instituting, in conjunction with members of the medical staff and other hospital services, a continuing cardiopulmonary resuscitation training program. DOH 70203				
11. Periodically, an appropriate committee of the medical staff evaluates the services provided and makes appropriate recommendations to the executive committee of the medical staff and administration. DOH 70203				
12. A committee of the medical staff shall be assigned responsibility for determining what emergency equipment and supplies should be available in all areas of the hospital. DOH 70203				
13. There shall be adequate equipment and supplies maintained related to the nature of the needs and the services offered. DOH 70207				
14. There shall be adequate space maintained to meet the needs of the service. DOH 70209				

SERVICE - DIETETIC SERVICE

DEPARTMENT OF HEALTH - TITLE 22 REGULATIONS

EVALUATED BY:

SURVEYOR: DOH H.F.R.

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
1. Policies and procedures shall be developed and maintained in consultation with representatives of the medical staff, nursing staff and administration to govern the provision of dietetic services. DOH 70273				
2. Policies shall be approved by the medical staff, administration, and governing body. DOH 70273				
3. Procedures shall be approved by the medical staff and administration. DOH 70273				
4. The responsibility and the accountability of the dietetic service to the medical staff and administration shall be defined. DOH 70273				
5. The dietetic service shall provide food of the quality and the quantity to meet the patient's needs in accordance with the physician's orders and, to the extent medically possible, to meet the Recommended Daily Dietary Allowances, 1974 Edition, adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences, 2107 Constitution Avenue, Washington, D.C. 20418, and the following:				
a. Not less than three meals shall be served daily;				
b. Not more than 14 hours shall elapse between the evening meal and breakfast of the following day;				
c. Nourishment or between meal feedings shall be provided as required by the diet prescription and shall be offered to all patients unless counterordered by the physician;				

SERVICE - DIETETIC SERVICE

Page 2

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
(Item #5 continued)				
d. Patient food preferences shall be respected as much as possible and substitutes shall be offered through use of a selective menu or substitutes from appropriate food groups;				
e. When food is provided by an outside food service, all applicable requirements herein set forth shall be met. The hospital shall maintain adequate space, equipment, and staple food supplies to provide patient food service in emergencies. DOH 70273				
6. A current diet manual approved by the dietician and the medical staff shall be used as the basis for diet orders and for planning modified diets. Copies of the diet manual shall be available at each nursing station and in the dietetic service area. DOH 70273				
7. Therapeutic diets shall be provided as prescribed by the attending physician, and shall be planned, prepared, and served with the supervision and/or consultation from the dietician. Persons responsible for therapeutic diets shall have sufficient knowledge of food values to make appropriate substitutions when necessary. DOH 70273				
8. A current profile card shall be maintained for each patient indicating diet, likes, dislikes and other pertinent information concerning the patient's dietary needs. DOH 70273				
9. The following menu-related requirements are met:				
a. Menus for regular and routine modified diets shall be written at least one week in advance, dated, and posted in the kitchen at least three days in advance;				
b. If any meal served varies from the planned menu, the change shall be noted in writing on the posted menu in the kitchen;				
c. Menus shall provide a variety of foods in adequate amounts at each meal;				
d. Menus should be planned with consideration for cultural and religious background and food habits of patients;				

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
(Item #9 continued)				
e. A copy of the menu as served shall be kept on file for at least 30 days;				
f. Records of food purchased shall be kept available for one year;				
g. Standardized recipes, adjusted to appropriate yield, shall be maintained and used in food preparation.				
DOH 70273				
10. Food shall be prepared by methods which conserve nutritive value, flavor and appearance. Food shall be served attractively at appropriate temperatures and in a form to meet individual needs.				
DOH 70273				
11. Nutritional care shall be integrated in the patient care plan.				
DOH 70273				
12. Observations and information pertinent to dietetic treatment shall be recorded in patient's medical records by the dietitian.				
DOH 70273				
13. Pertinent dietary records shall be included in patient's transfer or discharge record to ensure continuity of nutritional care.				
DOH 70273				
14. In-service training shall be provided for all dietetic service personnel, and a record of subject areas covered, date, and duration of each session, and attendance lists shall be maintained.				
DOH 70273				
15. The following food storage requirements are met:				
a. Food storage areas shall be clean at all times;				
b. Dry or staple items shall be stored at least 30 cm. (12 inches) above the floor, in a ventilated room, not subject to sewage or waste water backflow, or contamination by condensation, leakage, rodents or vermin;				

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
(Item #15 continued)				
c. All readily perishable foods or beverages capable of supporting rapid and progressive growth of microorganisms which can cause food infections or food intoxication shall be maintained at a temperature of 7°C (45°F) or below, or at 60°C (140°F) or above, at all times, except during necessary periods of preparation and service; frozen food shall be stored at 18°C (0°F) or below;				
d. There shall be a reliable thermometer in each refrigerator and in storerooms used for perishable food;				
e. Pesticides, other toxic substances and drugs shall not be stored in the kitchen area or in storerooms for food and/or food preparation equipment and utensils;				
f. Soaps, detergents, cleaning compounds or similar substances shall not be stored in food storerooms or food storage areas.				
DOH 70273				
16. The following sanitation requirements are met:				
a. All kitchens and kitchen areas shall be kept clean, free from litter and rubbish, and protected from rodents, roaches, flies and other insects;				
b. All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair, and shall be free from breaks, corrosions, open seams, cracks and chipped areas;				
c. Plasticware, china and glassware that is unsightly, unsanitary or hazardous because of chips, cracks or loss of glaze shall be discarded;				
d. Ice which is used in connection with food or drink shall be from a sanitary source and shall be handled and dispensed in a sanitary manner;				
e. Kitchen wastes that are not disposed of by mechanical means shall be kept in leakproof, nonabsorbent, tightly closed containers and shall be disposed of as frequently as necessary to prevent a nuisance or unsightliness.				
DOH 70273				
17. All utensils used for eating, drinking and in the preparation and serving of food and drink shall be cleaned and disinfected to include the following, or shall be discarded after each usage:				
a. Gross food particles shall be removed by scraping and prerinsing in running water;				

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
(Item #17 continued)				
<p>b. The utensils shall be thoroughly washed in hot water with a minimum temperature of 43°C (110°F), using soap or detergent, rinsed in hot water to remove soap or detergent, and disinfected by one of the following methods or an equivalent method approved by the Department -</p> <ol style="list-style-type: none"> 1. Immersion for at least two minutes in clean water at 77°C (180°F). 2. Immersion for at least 30 seconds in clean water at 82°C (180°F) (Final rinse of dishwashing is at a minimum hot water temperature of 82.2°C (180°F) unless the Department approves alternate methods-70863). 3. Immersion in water containing bactericidal chemical as approved by the Department. 				
DOH 70273				
18. After disinfection the utensils shall be allowed to drain and dry in racks or baskets on nonabsorbent surfaces. Drying cloths shall not be used.				
DOH 70273				
19. Results obtained with dishwashing machines shall be equal to those obtained by the methods above, and all dishwashing machines shall meet the requirements contained in Standard No. 3 as amended in April 1965 of the National Sanitation Foundation, P.O. Box 1468, Ann Arbor, Mich. 48106				
DOH 70273				
20. A registered dietitian shall be employed on a full-time, part-time or consulting basis.				
DOH 70275				
21. Part-time or consultant services shall be provided on the premises at appropriate times on a regularly scheduled basis and of sufficient duration and frequency, to provide continuing liaison with medical and nursing staffs, advice to the administrator, patient counseling, guidance to the supervisor and staff of the dietetic service, approval of all menus, and participation in development or revision of dietetic policies and procedures, and in planning and conducting inservice education programs.				
DOH 70275				

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
22. If a registered dietitian is not employed full-time, a full-time person who has completed a dietetic supervisor's training program meeting the requirements of Essentials of an Acceptable Program of Dietetic Assistant Education, revised June, 1974, by the American Dietetic Association, 430 North Michigan Avenue, Chicago, Illinois 60611, should be employed to be responsible for the operation of the food service. This program or its equivalent shall be required on and after July 1, 1977.				
DOH 70275				
23. Sufficient dietetic service personnel shall be employed, oriented, trained, and their working hours scheduled to provide for the nutritional needs of the patients and to maintain the dietetic service areas.				
DOH 70275				
24. If dietetic service employees are assigned duties in other service areas, those duties shall not interfere with the sanitation, safety or time required for dietetic work assignments.				
DOH 70275				
25. Current staff work schedules by job titles and weekly duty schedules shall be posted in the dietetic service area.				
DOH 70275				
26. A record shall be maintained of the number of persons by job title employed full or part-time in dietetic services, and the number of hours each works weekly.				
DOH 70275				
27. The following hygiene requirements of the dietetic service staff are met:				
<p>a. Dietetic service personnel shall be trained in basic food sanitation shall be clean, wear clean clothing, including a cap and/or hair net, and shall be excluded from duty when affected by skin infection or communicable diseases; beards and mustaches which are not closely cropped and neatly trimmed shall be covered;</p>				

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
(Item #27 continued)				
b. Employees' street clothing stored in the kitchen area shall be in a closed area;				
c. Persons other than dietetic personnel shall not be allowed in the kitchen area unless required to do so in the performance of their duties;				
d. Kitchen sinks shall not be used for handwashing; separate handwashing facilities with soap, running water and individual towels shall be provided.				
DOH 70275				
28. Equipment of the type and in the amount necessary for the proper preparation serving and storing of food and for proper dishwashing shall be provided, and maintained in good working order.				
DOH 70277				
29. The dietetic service area shall be ventilated in a manner that will maintain comfortable working conditions, remove objectionable odors and fumes and prevent excessive condensation.				
DOH 70277				
30. Equipment necessary for preparation and maintenance of menus, records and references shall be provided.				
DOH 70277				
31. Fixed and mobile equipment in the dietetic service area shall be located to assure sanitary and safe operation, and shall be of sufficient size to handle the needs of the hospital.				
DOH 70277				
32. The following food supply requirements are met:				
a. At least one week's supply of staple foods and at least two days supply of perishable foods shall be maintained on the premises; supplies shall be appropriate to meet the requirements of the menu;				

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
(Item #32 continued)				
b. All food shall be of good quality and procured from sources approved or considered satisfactory by federal, state and local authorities; food in unlabeled, rusty, leaking, broken containers or cans with side seam dents, rim dents or swells shall not be accepted or retained;				
c. Milk, milk products and products resembling milk shall be processed or manufactured in milk product plants meeting the requirements of Division 15 of the California Food and Agricultural Code;				
d. Milk may be served in individual containers, the cap or seal of which shall not be removed except in the presence of the patient; milk may be served from a dispensing device which has been approved for such use; milk served from an approved device shall be dispensed directly into the glass or other container from which the patient drinks;				
e. Catered foods and beverages from a source outside the hospital shall be prepared, packed, properly identified, stored and transported in compliance with these regulations and other applicable federal, state and local codes as determined by the Department;				
f. Foods held in refrigerated or other storage areas shall be appropriately covered; food which was prepared and not served shall be stored appropriately, clearly labeled, and dated;				
g. Hermetically sealed foods or beverages served in the hospital shall have been processed in compliance with applicable federal, state and local codes.				
DOH 70277				
33. Adequate space for the preparation and serving of food shall be provided. Equipment shall be placed so as to provide aisles of sufficient width to permit easy movement of personnel, mobile equipment and supplies.				
DOH 70279				
34. Well ventilated food storage areas of adequate size shall be provided.				
DOH 70277				
35. A minimum of .057 cubic meters (two cubic feet) of usable refrigerated space per bed shall be maintained for the storage of frozen and chilled foods.				
DOH 70279				

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
36. Adequate space shall be maintained to accommodate equipment, personnel and procedures necessary for proper cleaning and sanitizing of dishes and other utensils. DOH 70279				
37. Where employee dining space is provided, a minimum of 1.4 square meters (15 square feet) of floor area per person served, including serving area, shall be maintained. DOH 70279				
38. Office or other suitable space shall be provided for the dietician or dietetic service supervisor for privacy in interviewing personnel, conducting other business related to dietetic service and for the preparation and maintenance of menus and other necessary reports and records. DOH 70279				

CMA & JCAH STANDARDS

EVALUATED BY:

SURVEYOR: DOH H.F.R.

DATE:

SURVEY ITEM	Y	N	NA	PR	EXPLANATORY STATEMENTS
1. The dietetic service must be directed by a full-time person.					
2. The dietetic service must have a qualified dietitian at least on a part-time basis.					
3. When only a part-time therapeutic dietitian serves the hospital there must be evidence that this individual					
a. ensures continuity of service,					
b. directs the nutritional aspects of patient care,					
c. ensures that her(his) instructions are carried out,					
d. occasionally supervises the serving of meals,					
e. assists in the evaluation of the service.					
4. The dietetic service should have sufficient staff to carry out its duties and responsibilities. [Note: Cite any specific deficiency.]					
5. Educational programs for dietetic service employees should include					
a. orientation,					
b. on-the-job training,					
c. inservice education,					
d. outside educational opportunities,					
e. personal hygiene instruction,					
f. inspection, preparation, and handling of food,					
g. availability of current reference material.					
6. Precautions exercised in the handling, preparation and storage of food must include:					
a. protection of food from contamination and spoilage;					
b. storage of perishable foods at proper temperatures;					
c. separate cutting boards for raw and prepared foods;					

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DIETETIC SERVICES - SRF/2 - 6/77 - HAP

SURVEY ITEM	Y	N	NA	PR	EXPLANATORY STATEMENTS
(#6 cont.)					
d. no storage of food items directly on ice that is to be dispensed;					
e. adequate hand-washing facilities for dietetic employees;					
f. cleansing and sanitizing of all working surfaces, utensils and equipment;					
g. discarding of chipped or cracked china;					
h. a method for making, storing, and dispensing ice which prevents contamination.					
7. Walk-in refrigerators and freezers must be able to be opened from the inside at all times. [Note: Includes when locked. "NA" only when there are none on the premises.]					
8. There must be insulation of water pipes, heaters, refrigerator compressors, condensing units, and uncontrolled heat-producing equipment.					
9. All supplies must be clearly labeled.					
10. All non-food supplies must be stored in an area separate from that in which food is stored.					
11. There must be documentation of participation in an active safety program.					
12. The holding, transferring and disposing of garbage must be done in a manner that will not create a nuisance or otherwise permit the transmission of disease.					
13. Written dietetic service policies and procedures must relate at least to					
a. responsibilities and authority assigned to the dietitian;					
b. physician's orders (dietetic) which should be recorded in the patient's medical record before the diet is served;					
c. standards of nutritional care, available at each patient care unit;					

SURVEY ITEM	Y	N	NA	PR	EXPLANATORY STATEMENTS
(#13 cont.)					
d. health and grooming of personnel;					
e. an identification system for patient trays;					
f. alterations in diets or in diet schedules;					
g. food purchasing, storage, preparation, and service.					
14. Identification of patient diets (trays) should be monitored at all times.					
15. There must be evidence that the dietitian or a supervised designee					
a. records dietetic histories, observations, and information pertinent to dietetic treatment in the patient's medical record;					
b. interviews patients regarding their food habits;					
c. counsels patients and their families;					
d. participates in appropriate ward rounds and conferences.					
16. All hospital menus must be approved by a qualified dietitian.					
17. There must be a diet manual that					
a. is current,					
b. indicates the nutritional deficiencies of any diet,					
c. is approved by the medical staff,					
d. is approved by the dietitian.					

SERVICE - EMERGENCY MEDICAL

DEPARTMENT OF HEALTH - TITLE 22 REGULATIONS

EVALUATED BY:

SURVEYOR: JCAH M.D.

Check the appropriate box below:

- ☐ The hospital does not provide STANDBY, BASIC, or COMPREHENSIVE medical service. First Aid and Referral Services comply with the following:

There is reasonable care in determining whether an emergency exists; life-saving first aid is rendered; and appropriate referral to nearest hospitals which can render needed services is arranged and carried out.

- ☐ The hospital provides one of the following:

- ☐ Standby Emergency Medical Service
- ☐ Basic Emergency Medical Service
- ☐ Comprehensive Emergency Medical Service

Complete the attached form for the category of emergency medical service provided

SERVICE - EMERGENCY MEDICAL

DEPARTMENT OF HEALTH - TITLE 22 REGULATIONS

EVALUATED BY:

SURVEYOR: JCAH M.D.

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
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Complete the following when STANDBY, BASIC, or
COMPREHENSIVE Emergency Medical Service is provided.

1. The responsibility and the accountability of the emergency medical service to the medical staff and administration shall be defined. DOH 70651 (b), 70413 (b), 70453 (b)				
2. Written policies and procedures shall be developed and maintained by the person responsible for the service in consultation with other appropriate health professionals and administration. DOH 70751 (a), 70413 (a), 70453 (a)				
3. Policies shall be approved by the governing body. DOH 70751 (a), 70413 (a), 70453 (a)				
4. Procedures shall be approved by the administration and medical staff where such is appropriate. DOH 70751 (a), 70413 (a), 70453 (a)				
5. Standardized emergency nursing procedures shall be developed by an appropriate committee of the medical staff. DOH 70651 (j), 70413 (k), 70453 (k)				
6. The director, or his designee, shall be responsible for the implementation of established policies and procedures. DOH 70653 (a)(1), 70415 (a)(1), 70455 (a)(1)				
7. All physicians providing services in the emergency room shall be members of the organized medical staff. DOH 70653 (b), 70415 (b), 70455 (b)				

SERVICE - EMERGENCY MEDICAL

Page 2

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
8. All dentists and podiatrists providing services in the emergency room shall be members of the organized medical staff. DOH 70653 (b), 70415 (b), 70455 (b)				
9. The hospital shall require continuing education of all emergency medical service personnel. DOH 70657 (f), 70413 (f), 70453 (f)				
10. The director or his designee shall be responsible for assurance of continuing education for the medical, dental and nursing staff. DOH 70653 (a)(5), 70415 (a)(4), 70453 (f)				
11. An emergency room log shall be maintained and shall contain at least the following information relating to the patient: name, date, time, means of arrival, age, sex, record number, nature of complaint, disposition, time of departure, and those dead on arrival. DOH 70651 (h), 70413(h), 70453(h)				
12. Medical records shall be maintained on all patients presenting themselves for emergency medical care. DOH 70651 (g), 70413(g), 70453(g)				
13. The emergency medical record shall become part of the patient's hospital medical record. DOH 70651 (g), 70413 (g), 70453				
14. Past hospital records shall be available to the emergency medical service. DOH 70651 (g), 70413 (g), 70453 (g)				
15. Periodically, an appropriate committee of the medical staff evaluates the services provided and makes appropriate recommendations to the executive committee of the medical staff and administration. DOH 70653 (1), 70413 (n), 70453 (g)				
16. Observation beds in the emergency service shall not be included in the licensed bed capacity. DOH 70657 (b), 70419 (b), 70459 (b)				
17. A communicating system employing telephone, radio-telephone or similar means shall be in use to establish contact with the police department, rescue squads and other emergency services of the community. DOH 70651 (d), 70413 (d), 70453 (d)				

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
18. The emergency medical service shall have a defined emergency and mass casualty plan in concert with the capabilities of the hospital and the community served. DOH 70651 (e), 70413 (e), 70453 (e)				
19. Equipment and supplies necessary for life support shall be available and shall include, but need not be limited to: airway control and ventilation equipment, suction devices, cardiac monitor, defibrillator, intravenous fluids and administering devices, and blood expanders. DON 70655, 70417, 70457				
20. A list of referral services shall be available in the emergency services area and shall include the name, address, and telephone number of the following: police department, blood bank, antivenin service, burn center, drug abuse center, poison control information center, suicide prevention center, director of the state department of health or his designee, local health department, clergy, emergency psychiatric service, chronic hemodialysis service, renal transplant center, intensive care newborn nursery, emergency maternity service, radiation accident management service, ambulance transport and rescue service, and county coroner or medical examiner. DOH 70651 (k)(1-18), 70413 (1)(1-17), 70453 (1) [Note: In the case of comprehensive emergency medical service, all items apply except those required by that service, as blood bank, burn center, emergency psychiatric service, intensive care newborn nursery, emergency maternity service, chronic hemodialysis service, renal transplant center, and radiation accident management service.]				

In addition, complete the following when only
STANDBY Emergency Medical Service is provided.

21. The standby emergency medical service shall be equipped and maintained at all times to receive patients with urgent medical problems, and capable of providing physician service within a reasonable time. DOH 70649			
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SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
22. A physician shall have overall responsibility for the service. DOH 70653 (a)				
23. The physician director, or his designee, shall be responsible for development of a system for assuring physician coverage on call 24 hours a day; assurance that physician coverage is available within a reasonable length of time relative to the patient's illness or injury; and development of a roster of specialty physicians available for consultation at all times. DOH 70653 (a)(2,3,4)				
24. A registered nurse shall be immediately available within the hospital at all times to provide emergency nursing care. DOH 70653 (c)				
25. There shall be sufficient other personnel to support the services offered. DOH 70653 (d)				
26. Each standby emergency medical service shall be identified to the public by an exterior sign clearly visible from public thoroughfares which shall state: "STANDBY EMERGENCY MEDICAL SERVICE, PHYSICIAN ON CALL". DOH 70651 (i)				
27. The following space provisions and designations shall be met: designated emergency room area, reception area, and observation room. DOH 70657 (a)(1, 2, 3)				

In addition, complete the following when
BASIC Emergency Medical Service is provided.

28. The hospital shall have the following service capabilities:			
a. Intensive care service with adequate monitoring and therapeutic equipment;			
b. Laboratory service with the capability of performing blood gas analysis and electrolyte determinations;			

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
(#28 cont.)				
c. Radiological service capable of providing the necessary support for the emergency service;				
d. Surgical services immediately available for life-threatening situations;				
e. Postanesthesia recovery service;				
f. Readily available blood bank services for common types of blood and blood derivatives; and				
g. Blood storage facilities in or adjacent to the emergency service.				
DOH 70413 (m)(1-6)				
29. All medications furnished to patients through the emergency service shall be provided by a pharmacist or an individual authorized by law to prescribe. Such medications shall be properly labeled and all required records shall be maintained in accordance with state and federal laws.				
DOH 70413 (i)				
30. A physician trained and experienced in emergency medical service shall have overall responsibility for the service.				
DOH 70415 (a)				
31. The director or his designee shall be responsible for providing physician staffing for the emergency services 24 hours a day who are experienced in emergency medical care, and for development of a roster of specialty physicians available for consultation at all times.				
DOH 70415 (a)(2,3)				
32. A registered nurse qualified by education and/or training shall be responsible for the nursing care within the service.				
DOH 70415 (c)				
33. A registered nurse trained and experienced in emergency nursing care shall be on duty at all times.				
DOH 70415 (d)				

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
34. There shall be sufficient other licensed nurses and skilled personnel as required to support the services offered.				
DOH 70415 (e)				
35. The hospital shall require continuing education of all emergency service personnel.				
DOH 70413 (f)				
36. Each basic emergency medical service shall be identified to the public by an exterior sign clearly visible from public thoroughfares which shall state: "BASIC EMERGENCY MEDICAL SERVICE, PHYSICIAN ON DUTY".				
DOH 70413 (j)				
37. The emergency medical service shall be so located in the hospital as to have ready access to all necessary services.				
DOH 70419 (c)				
38. The following space provisions and designations shall be provided: treatment room; cast room; nursing station; medication room; public toilets; observation room; staff support rooms including toilets, showers, lounge and sleeping areas; waiting room; and reception area.				
DOH 70419 (a)(1-9)				
39. Equipment and supplies necessary for life support shall be available, including, but not limited to: apparatus to establish central venous monitoring, and pacemaker capability.				
DOH 70417				

In addition, complete the following when COMPREHENSIVE Emergency Medical Service is provided.

40. The comprehensive emergency medical service provides in-house capabilities for managing all medical situations on a definitive and continuing basis.				
DOH 70451				

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
41. The emergency medical service shall be affiliated with a medical school. DOH 70453 (r)				
42. The hospital shall have the following additional services which shall be continuously staffed in a manner that permits the performance of all required functions including; chronic dialysis service; burn center; respiratory care service; intensive care newborn nursery; coronary care service; intensive care service; pediatric service; psychiatric unit; cardiovascular surgery service; postanesthesia recovery unit; radiology services capable of performing contrast studies including angiography; clinical laboratory capable of performing blood gas analysis, pH, serum electrolytes and other procedures appropriate for emergency medical care; the readily available series of a blood bank for common types of blood and blood derivatives. Blood storage facilities shall be in or adjacent to the emergency service. DOH 70453 (m), (n), (o), (p), (q).				
43. All medications furnished to patients through the emergency service shall be provided by a pharmacist or an individual authorized by law to prescribe. Such medication shall be properly labeled and all required records shall be maintained in accordance with state and federal laws. DOH 70453 (i)				
44. A full-time physician, trained and experienced in emergency medical service shall have overall responsibility for providing continuous staffing with physicians trained and experienced in emergency medical service. DOH 70455 (a)				
45. The director or his designee shall be responsible for providing continuous staffing with physicians trained and experienced in emergency medical service who are assigned to and located in the emergency service area 24 hours a day. DOH 70455 (a)(2)				
46. The director or his designee shall be responsible for providing experienced physicians in specialty categories, to be available in-house 24 hours a day. DOH 70455 (a)(2)				

SURVEY ITEM	Y	N	NA	EXPLANATORY STATEMENTS
47. Such specialties include, but are not limited to: medicine, surgery, anesthesiology, orthopedics, neurosurgery, pediatrics, and obstetrics-gynecology. DOH 70455 (a)(3)				
48. The most senior resident in any of the specialties may be considered an experienced physician. DOH 70455 (a)(3)(A)				
49. A roster of specialty physicians immediately available for consultation and/or assistance shall be maintained. DOH 70455 (a)(4)				
50. A registered nurse qualified by education and/or training shall be responsible for nursing care within the service. DOH 70455 (c)				
51. There shall be sufficient licensed nurses and other skilled personnel on duty as required to support the services. DOH 70455 (e)				
52. Each comprehensive emergency medical service shall be identified to the public by an exterior sign, clearly visible from public thoroughfares which shall state: "COMPREHENSIVE EMERGENCY MEDICAL SERVICE, PHYSICIAN ON DUTY". DOH 70453 (j)				
53. The emergency medical service shall be so located in the hospital as to have ready access to all necessary services. DOH 70453 (c)				
54. The following space provisions and designations shall be provided: treatment rooms, cast rooms; operating room fully equipped, intensive care in or adjoining the emergency medical service area; nursing station; medication room; clean and dirty utility room; xray spaces; laboratory facilities; public toilets; staff support rooms including toilets, lounge, showers, and sleeping area; observation room; police and press room; waiting room; and reception area. DOH 70459 (a)(1-15)				
55. All equipment and supplies necessary for life support shall be available including, but not limited to: apparatus to establish central nervous system monitoring, and pacemaker capability. DOH 70457				

CMA & JCAH STANDARDS

EVALUATED BY:

SURVEYOR: JCAH M.D.

DATE:

SURVEY ITEM	Y	N	NA	PR	EXPLANATORY STATEMENTS
1. Emergency service physician coverage is provided by: (information question)					
a. Medical staff rotation					
b. Contract physicians					
c. House staff under supervision					
d. Moonlighters (e.g., house staff from other facility, off-duty military physician)					
2. There should be a current medical staff call roster posted in the emergency service area.					
3. A current roster of available special consultants to the medical staff should be posted in the emergency service area.					
4. Adequate medical staff coverage of the emergency service must be provided at all times. Specific reference is made to _____					
5. Privileges must be delineated for all medical staff members who work in the emergency service area. Specific attention should be given to staff members who work primarily in this area, such as contract physicians.					
6. All physicians assigned to work primarily in the emergency service area must be members of the medical staff.					
7. All physicians (except for house staff and fellows in an approved training program in this facility) who work in the emergency service area, even on a part-time basis, must be appropriately licensed and have privileges approved by the governing body. [Note: Specifically check on house staff members from another facility who are working for pay, not training. Also military physicians. "NA" only when there are no moonlighters.]					

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EMERGENCY SERVICES - SRF/2 - 6/77 - HAP

SURVEY ITEM	Y	N	NA	PR	EXPLANATORY STATEMENTS
8. Direction for the emergency service must be provided by					
a. a multidisciplinary medical staff committee,					
b. a department or service chief, or					
c. a physician member of the active medical staff.					
9. The nursing service personnel who work in the emergency care area should be supervised by an RN at all times. [Note: Must be RN on duty in emergency care area, or RN supervisor in emergency care area, or RN supervisor on call, or RN on call from floor, whichever is reasonable for the workload and type of patients.]					
10. Since complete emergency service is provided by the hospital, it is desirable that a permanent nursing staff be assigned to this area.					
11. Documentation of cardiopulmonary resuscitative training is required for					
a. physicians,					
b. nursing service personnel, and					
c. specified professional personnel					
who work in the emergency service area.					
12. There must be documentation of training in emergency care in addition to cardiopulmonary resuscitation for all nursing service personnel.					
13. The quality of emergency patient care must be evaluated on a regular basis using preestablished criteria.					
The review of emergency medical records for their adequacy as documents and use in the evaluation of the quality of care, on a regular basis, should be documented. [Note: Recommend review at least on a monthly basis. Frequent review is essential where there is a rapid turnover or rotation of physicians, as with moonlighters, housestaff.]					

SURVEY ITEM	Y	N	NA	PR	EXPLANATORY STATEMENTS
14. The degree of evaluation and treatment rendered to any patient should be the responsibility of a physician.					
15. A written policy and procedure must provide that when an emergency care patient is to be transferred,					
a. he will not be transferred arbitrarily,					
b. there will be positive acceptance by the receiving facility or physician, and					
c. all pertinent medical information will accompany the patient.					
16. There should be written emergency service policies and procedures relative to the management of					
a. emotionally ill patients,					
b. patients under the influence of drugs,					
c. patients under the influence of alcohol,					
d. victims of rape,					
e. victims of child abuse,					
f. victims of radioactive contamination, and					
g. persons who are dead on arrival					
17. There should be written criteria relative to circumstances under which definitive care cannot be provided and the patient should be transferred to another facility.					
18. There should be a written emergency service policy/procedure defining which medical staff procedures may not be performed in the emergency service area.					
19. There should be written policies and procedures for the emergency service relative to required communications with					
a. the police, concerning victims of suspected criminal acts, and					
b. health authorities concerning reportable contagious diseases.					
20. There should be a written emergency service policy and procedure relative to the use of observation beds.					

SURVEY ITEM	Y	N	NA	PR	EXPLANATORY STATEMENTS
21. The emergency service area should be					
a. readily identified from the outside,					
b. open 24 hours a day,					
c. well-lighted at its entrance, and					
d. accessible by vehicle.					
22. The emergency service area must have ready access to all support services and special units of the hospital, such as					
a. clinical laboratory,					
b. blood storage area,					
c. radiology department,					
d. electrocardiography,					
e. operating suite,					
f. special care units,					
g. obstetrical suite.					
23. The emergency service area should have adequate space to ensure the effective care of emergency patients. Specific reference is made to					
[Note: Do not make this recommendation unless you state how effective care is prevented.]					
24. Patient privacy, both visual and auditory, should be provided as required. Specific reference is made to _____					
25. The emergency service should maintain a control register.					
26. It is desirable that there be a communications system which provides advance information on critically ill or injured patients.					
27. All pertinent					
a. laboratory reports,					
b. radiology reports, and					
c. electrocardiographic reports					
should be filed promptly with the emergency record.					

SURVEY ITEM		Y	N	NA	PR	EXPLANATORY STATEMENTS
28.	The following should be readily available for use in the emergency service area:					
	a. Emergency drugs					
	b. Parenteral fluids					
	c. Monitoring equipment					
	d. Tracheostomy set					
	e. Laryngoscope					
	f. Endotracheal tubes					
	g. Gastric tubes					
	h. Urinary catheters					
	i. Intravenous sets					
	j. Suction equipment					
	k. Oxygen					
	l. Defibrillator					
	[Note: readily available doesn't <u>always</u> mean <u>in</u> the room.]					
29.	Resuscitation equipment provided for emergency care must be suitable for					
	a. adults,					
	b. children,					
	c. infants.					
30.	The role of the hospital emergency service in the overall community plan for emergency care should be defined in writing.					
	[Note: May relate to: guidelines for ambulance companies, categorizing of levels of emergency care in the area hospitals, community education relative to availability and location of emergency care, participation in comprehensive health planning programs, combined participation with community in disaster planning and drills.]					
	The hospital should evaluate and categorize itself to indicate its capability to provide emergency medical services to the community.					
	The source of the categorization criteria used in the self-evaluation of the hospital's emergency medical service capability should be identified.					

SURVEY ITEM		Y	N	NA	PR	EXPLANATORY STATEMENTS
31.	Current toxicology reference material should be readily available.					
32.	Toxicology and antidote reference materials should cover all broad categories of agents rather than only selected ones.					
33.	The regional poison control center telephone number should be posted conspicuously in the emergency services area.					
34.	Charts relating to					
	a. the initial treatment of burns,					
	b. cardiopulmonary resuscitation,					
	c. tetanus immunization					
	should be displayed prominently.					
35.	Since general anesthesia is permitted in the emergency service area, there should be written guidelines governing its safe use.					

APPENDIX B

SURVEY MATERIALS FOR
EVALUATING UNACCREDITED HOSPITALS

The following table lists the subject areas covered in the federal certification checklists used by department surveyors to evaluate general hospitals which are not accredited by JCAH through the CALS survey procedure:

Compliance with State and Local Laws
Governing Body
Physical Environment
Medical Staff
Nursing Department
Dietary Department
Medical Records Department
Pharmacy or Drug Room
Laboratories
Radiology Department
Medical Library
Complementary Departments
Outpatient Services
Emergency Service or Department
Social Work Department

The attached sample forms are examples of the federal certification checklist used to survey unaccredited hospitals. The surveyor is to check "yes," "no," or "N/A" (not applicable) beside each item, and whether summary standards have been met. The numbers in parentheses at each subject heading (e.g. "Medical Staff (405.1023)" on the first attached page of the checklist) refer to specific federal regulations.

NAME OF FACILITY				Emergency Service or Department	
	YES	NO	N/A	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	EXPLANATORY STATEMENTS
A 491					XIV. Emergency Service or Department (405.1033) The hospital has at least a procedure for taking care of the occasional emergency case it might be called upon to handle. Participation is not limited to hospitals which have organized emergency services or departments, but if they are present, there are effective policies and procedures relating to the staff, functions of the service, and emergency room medical records and adequate facilities in order to assure the health and safety of the patients.
A 492					NUMBER OF EMERGENCY CASES FOR LAST CALENDAR OR FISCAL YEAR: _____
A 493				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> N/A	(a) Standard: Organization and Direction — The department or service is well organized, directed by qualified personnel, and integrated with other departments of the hospital. The factors explaining the standard are as follows:
A 494					(1) There are written policies which are enforced to control emergency room procedures.
A 495					(2) The policies and procedures governing medical care provided in the emergency service or department are established by and are a continuing responsibility of the medical staff.
A 496					(3) The emergency service is supervised by a qualified number of the medical staff and nursing functions are the responsibility of a registered professional nurse.
A 497					(4) The administrative functions are a responsibility of a member of the hospital administration.
A 498				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	(b) Standard: Facilities — Facilities are provided to assure prompt diagnosis and emergency treatment. The factors explaining the standard are as follows:
A 499					(1) Facilities are separate and independent of the operating rooms.
A 500					(2) The location of the emergency service is in close proximity to an exterior entrance of the hospital.
A 501					(3) Diagnostic and treatment equipment, drugs, supplies, and space, including a sufficient number of treatment rooms, are adequate in terms of the size and scope of services provided.

FORM SSA-1537 (11-74)

65

NAME OF FACILITY				Emergency Service or Department (continued)	
	YES	NO	N/A	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	EXPLANATORY STATEMENTS
A 502					(c) Standard: Medical and Nursing Personnel — There are adequate medical and nursing personnel available at all times. The factors explaining the standard are as follows:
A 503					(1) The medical staff is responsible for insuring adequate medical coverage for emergency services.
A 504					(2) Qualified physicians are regularly available at all times for the emergency service, either on duty or on call.
A 505					(3) A physician sees all patients who arrive for treatment in the emergency service.
A 506					(4) Qualified nurses are available on duty at all times and in sufficient number to deal with the number and extent of emergency services.
A 507				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	(d) Standard: Medical Records — Adequate medical records on every patient are kept. The factors explaining the standard are as follows:
A 508					(1) The emergency room record contains: (i) Patient identification. (ii) History of disease or injury. (iii) Physical findings. (iv) Laboratory and X-ray reports, if any. (v) Diagnosis. (vi) Record of treatment. (vii) Disposition of the case. (viii) Signature of a physician.
A 509					(2) Medical records for patients treated in the emergency service are organized by a medical record librarian or equivalent.
A 510					(3) Where appropriate, medical records of emergency services are integrated with those of the inpatient and outpatient services.
A 511					(4) A proper method of filing records is maintained.
A 512					(5) At a minimum, emergency service medical records are kept for as long a time as required in a given State's statute of limitations.

FORM SSA-1537 (11-74)

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NAME OF FACILITY				Medical Staff
YES	NO	N/A		EXPLANATORY STATEMENTS
			A97	(7) Continuing education is provided to all hospital personnel on the cause, effect, transmission, prevention, and elimination of infections.
			A98	(8) A continuing process is enforced for inspection and reporting of any hospital employee with an infection who may be in contact with patients, their food or laundry.
			A99	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET (d) <i>Standard: Diagnostic and Therapeutic Facilities</i> —The hospital provides adequate diagnostic and therapeutic facilities. The factors explaining the standard are as follows:
			A100	(1) Facilities are located for the convenience and safety of patients.
			A101	(2) Facilities are available which allow all routine preadmission, admission and discharge procedures to be done as prescribed by the medical staff in bylaws, rules and regulations of the hospital.
			A102	(3) Diagnostic and therapeutic facilities, supplies, and equipment permit an acceptable level of patient care to be provided by the medical and nursing staffs.
			A103	(4) The extent and complexity of such facilities are determined by the services that the hospital attempts to offer.
			A104	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET IV. Medical Staff (405.1023) The hospital has a medical staff organized under bylaws approved by the governing body, and responsible to the governing body of the hospital for the quality of all medical care provided patients in the hospital and for the ethical and professional practices of its members.
			A105	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET (a) <i>Standard: Responsibilities Toward Policies</i> —The medical staff is responsible for support of medical staff and hospital policies. The factors explaining the standard are as follows:
			A106	(1) Medical staff members participate on various staff committees. Committee records verify that committee meetings are attended by the majority of committee members.

FORM SSA-1537 (11-74)

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NAME OF FACILITY				Medical Staff (continued)
YES	NO	N/A		EXPLANATORY STATEMENTS
			A107	(2) There are prescribed enforced disciplinary procedures for infraction of hospital and medical policies.
			A108	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET (b) <i>Standard: Autopsies</i> —The medical staff attempts to secure autopsies in all cases of unusual deaths and of medical-legal and educational interest. It is recommended that a minimum of 20 percent of all terminal cases be autopsied. The factors explaining the standard are as follows:
			A109	(1) The hospital has an autopsy rate consistent with the needs of its ongoing staff education program.
			A110	(2) Autopsy reports are distributed to the attending physician and become a part of the patient's record. Whenever possible, they are utilized in conference.
			A111	(3) The autopsy is performed by a pathologist or physician versed in autopsy procedure and protocol.
			A112	AUTOPSY RATE $\frac{\text{NUMBER OF AUTOPSIES PERFORMED IN-HOSPITAL DEATHS}}{\text{NUMBER OF IN-HOSPITAL DEATHS}} \times 100 = \text{\% OF DEATHS AUTOPSIED}$
			A113	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET (c) <i>Standard: Consultations</i> —The medical staff has established policies concerning the holding of consultations:
			A114	(1) The status of consultant is determined by the medical staff on the basis of an individual's training, experience, and competence. A consultant must be well qualified to give an opinion in the field in which that opinion is sought.
			A115	(2) Except in an emergency, consultations with another qualified physician are required in cases on all services which, according to the judgment of the attending physician: (i) The patient is not a good medical or surgical risk, (ii) the diagnosis is obscure, (iii) there is doubt as to the best therapeutic measures to be utilized, or (iv) there is a question of criminal action.

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NAME OF FACILITY				Nursing Department (continued)
				EXPLANATORY STATEMENTS
	YES	NO	N/A	
A232				(3) Nursing care plans are kept current daily. Plans indicate nursing care needed, how it is to be accomplished, and methods, approaches and modifications necessary to insure best results for the patient.
A233				(4) Nursing notes are informative and descriptive of the nursing care given and include information and observations of significance so that they contribute to the continuity of patient care.
A234				(5) Only (i) a licensed physician or a registered professional nurse or (ii) a licensed practical nurse, a student nurse in an approved school of nursing, or a psychiatric technician, when these three classes of personnel are under the direct supervision of a registered professional nurse, is permitted to administer medications, and in all instances, in accordance with the Nurse Practice Act of the State.
A235				(6) All medical orders are in writing and signed by the physician. Telephone orders are used sparingly, are given only to the registered professional nurse, and are signed or initialed by the physician as soon as possible.
A236				(7) Blood transfusions and intravenous medications are administered in accordance with State law. If administered by registered professional nurses, they are administered only by those who have been specially trained for this duty.
A237				(8) There is an effective hospital procedure for reporting transfusion reactions and adverse drug reactions.
A238				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET (i) <i>Standard: Staff Meetings</i> — Meetings of the registered professional nursing staff are held at least monthly to discuss patient care, nursing service problems, and administrative policies. The pattern for meetings may be by clinical departments, by categories of the staff, or by the staff as a whole. Minutes of all meetings are kept. The factors explaining the standard are as follows: (1) Minutes reflect the purpose of the staff meetings; e.g., review and evaluation of nursing care, ways of improving nursing service, discussion of nursing care plans for individual patients, consideration of specific nursing techniques and procedures, establishment and/or interpretation of nursing department policies, interpretation of administrative and medical staff policies, reports of meetings, etc. (2) Minutes are available to staff members either individually or are maintained in a central place.
A238				
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A240				

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NAME OF FACILITY				Dietary Department
				EXPLANATORY STATEMENTS
	YES	NO	N/A	
A241				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET VI. Dietary Department (405.1025) The hospital has an organized dietary department directed by qualified personnel. However, a hospital which has a contract with an outside food management company may be found to meet this condition of participation if the company has a therapeutic dietician who serves, as required by scope and complexity of the service, on a full-time, part-time, or consultant basis to the hospital, provided the company maintains the minimum standards as listed herein and provides for constant liaison with the hospital medical staff for recommendations on dietetic policies affecting patient treatment.
A242				<input type="checkbox"/> MET <input type="checkbox"/> NOT MET (a) <i>Standard: Organization</i> — There is an organized department directed by qualified personnel and integrated with other departments of the hospital. There is a qualified dietitian, full-time or on a consultation basis, and, in addition, administrative and technical personnel competent in their respective duties. A. CONTRACT WITH FOOD MANAGEMENT COMPANY 1. <input type="checkbox"/> NONE 2. <input type="checkbox"/> ALL OF SERVICE 3. <input type="checkbox"/> PART OF SERVICE DESCRIBE SCOPE OF SERVICES PROVIDED UNDER CONTRACT
A243				
A244				NUMBER OF QUALIFIED DIETITIANS: A. FULL-TIME _____ B. PART-TIME _____ C. CONSULTING _____ (SPECIFY FREQUENCY OF VISITS _____) THE FACTORS EXPLAINING THE STANDARD ARE AS FOLLOWS: (1) There are written policies and procedures for food storage, preparation, and service developed by a qualified dietitian (preferably meeting the American Dietetic Association's standards for qualification).
A245				

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